SCHEDULE FOR APPOINTMENT OF AGENT BY CORPORATION/NON-PROFIT ORGANIZATION OR LIMITED LIABILITY COMPANY

Submit to municipal clerk.			
☐ORIGINAL APPOINTMEN	T OF AGENT		
intoxicating liquor must appoint	s or limited liability companie int an agent. The following que ne corporation/organization o	es applying for a licen uestions must be ans	tion and new appointment) use to sell fermented malt beverages and/or usewered by the agent. The appointment must use of a limited liability company, and the
To the governing body of:	City of Milwaukee	County of Mi	ilwaukee
The undersigned duly author	ized officer(s)/members/man	agers of (registered name	of corporation/organization or limited liability company)
a corporation/organization or	limited liability company mal	king application for a	n alcohol beverage license for a premise
known as			(trade name)
located at			
appoints	(6.11.1		
	(full legal nam	ne of appointed agent	t)
	(home addres	ss of appointed agent	t)
business relative to alcohol b approval for any corporation/	everages conducted therein organization/limited liability of	. Is applicant agent p company having or ap	ty and control of the premises and of all resently acting in that capacity or requesting oplying for a beer and/or liquor license for name(s)/limited liability company(ies) and
Is applicant agent subject to	completion of the responsible	e beverage server tra	aining course? Yes No
How long immediately prior to	o making this application has	the agent resided co	ontinuously in Wisconsin?
, ,	•	•	
Гот	,		
For:	(name of corporation/orga	anization/limited liabi	lity company)
Ву:			
- j.	(signature of officer/mem	nber/manager)	
And:			
· <u> </u>	(signature of officer/mem	ber/manager)	
	ACCEPT/	ANCE BY AGENT	
I,(print/type agent's name)			by accept this appointment as agent for the
,			
corporation/organization/limit alcohol beverages conducted			y for the conduct of all business relative to /limited liability company.
		_Date:	Agent's age:
(signature of agent)			
(home address of agent)			Date of birth:
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	APPROVAL OF AGENT		
I hereby certify that I have ch	Clerk cannot sign or necked municipal and state c		Official) ne best of my knowledge, with the available
			o objection to the agent appointed.
Approved on	by (signature of proper l		
(date) AT-104 (R. 1-03)	(signature of proper l	local official)	Title (Town chair, Village president, police chief) Wisconsin Department of Revenue